

MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)

SERIAL NO.

10/574268

FILING DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1 ST AMENDMENT		AFTER 2 ND AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	/		/			
2		/		/		
3						
4		3				
5		1				
6		1				
7		1				
8		1				
9		1				
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23		1				
24		1				
25		1				
26		1				
27	1		1			
28		1		1		
29		2		1		
30		1				
31		1				
32		1				
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34		1				
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37	1			1		
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48						
49						
50						
TOTAL IND.			2			
TOTAL DEP.			35			
TOTAL CLAIMS			37			

	AS FILED		AFTER 1 ST AMENDMENT		AFTER 2 ND AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
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100						
TOTAL IND.						
TOTAL DEP.						
TOTAL CLAIMS						